



**SECTION OF DRINKING WATER PROTECTION  
Fluoridation Monthly Report (Multi Well)**

**See Instructions on Reverse Side to Complete Form**

PWS ID#	Month of
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Name of Facility		Street	
City	Operator Name (Please Print)	Zip Code	
Signature	Title	Phone #	
Fluoride Chemical Used	Raw Water Fluoride Concentration		
	mg/l - Well #	mg/l - Well #	mg/l - Well #

Date	Well # _____	Well # _____	Well # _____
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Day #	Col. 2	Col. 3	Col. 4	Col. 2	Col. 3	Col. 4	Col. 2	Col. 3	Col. 4
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

**INSTRUCTIONS FOR FILLING OUT THE  
FLUORIDATION MONTHLY REPORT (Multi Well)**

**Column  
Number**

- 2**            Pumpage in thousands of gallons: daily meter reading minus the previous day's meter reading.
  
- 3**            The total number of gallons of fluoride solution used per day.
  
- 4**            Your tested fluoride concentration of the treated water. These tests are to be run daily. Do not composite samples.

**NOTE:**            **THE RAW WATER FLUORIDE CONCENTRATION SHOULD BE TESTED MONTHLY.**

**COMMENTS:** \_\_\_\_\_

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**Send Fluoridation Monthly Report (Multi Well) to:**

**Minnesota Department of Health  
Community Water Supply Unit  
P.O. Box 64975  
St. Paul, MN 55164-0975**